Educational resources
Cristina Tiu

Why a list of educational resources ?

6.1 Ischemic stroke including TIA
6.2 Cerebral small vessel disease
6.3 Intracerebral haemorrhage
6.4 Subarachnoid haemorrhage
6.5 Occlusion/disection carotid and vertebrobasilar system
6.6 Cerebral vasculitis
6.7 Cerebral venous thrombosis
6.8 Hypertensive encephalopathy, posterior reversible encephalopathy syndrome
6.9 Postanoxic encephalopathy
6.10 CADASIL

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation

European Training Requirements for Neurology

4 (neurology) + 1 (related specialties)
years duration of postgraduate training

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European Training Requirements for
Neurology

STROKE
ACTION
PLAN
EUROPE
2018-2030
ESO   SAFE

Within a training centre for neurology, there should be a wide range of clinical services available so that a trainee will be able to see and contribute to the care of all common neurological problems. In addition, the patient numbers and specialist numbers should be sufficient that trainees will be able to be instructed and supervised in the clinical procedures required for a specialist.

After residency more than 2/3 will work in the ambulatory system

SAP- E is adressing all the steps in stroke care from prevention to life after stroke so other specialties beside neurologist should be informed about stroke care

Planning of stroke care and urgent prehospital care across Europe: Results of the ESO/ESMINT/EAN/SAFE Survey

Sònia Abilleira[1] [ID], Diana Aguiar de Sousa[2] [ID],
Thomas Gattringer[3], Adam Kobayashi[4], Franz Fazekas[3],
Istvan Szikora[5], Valery Feigin[6], Valeria Caso[7],
Miquel Gallofré[1] and Urs Fischer[8]; on Behalf of The
ESO/ESMINT/EAN/SAFE Survey on Stroke Care Collaborators†

Nr. of countries providing the service
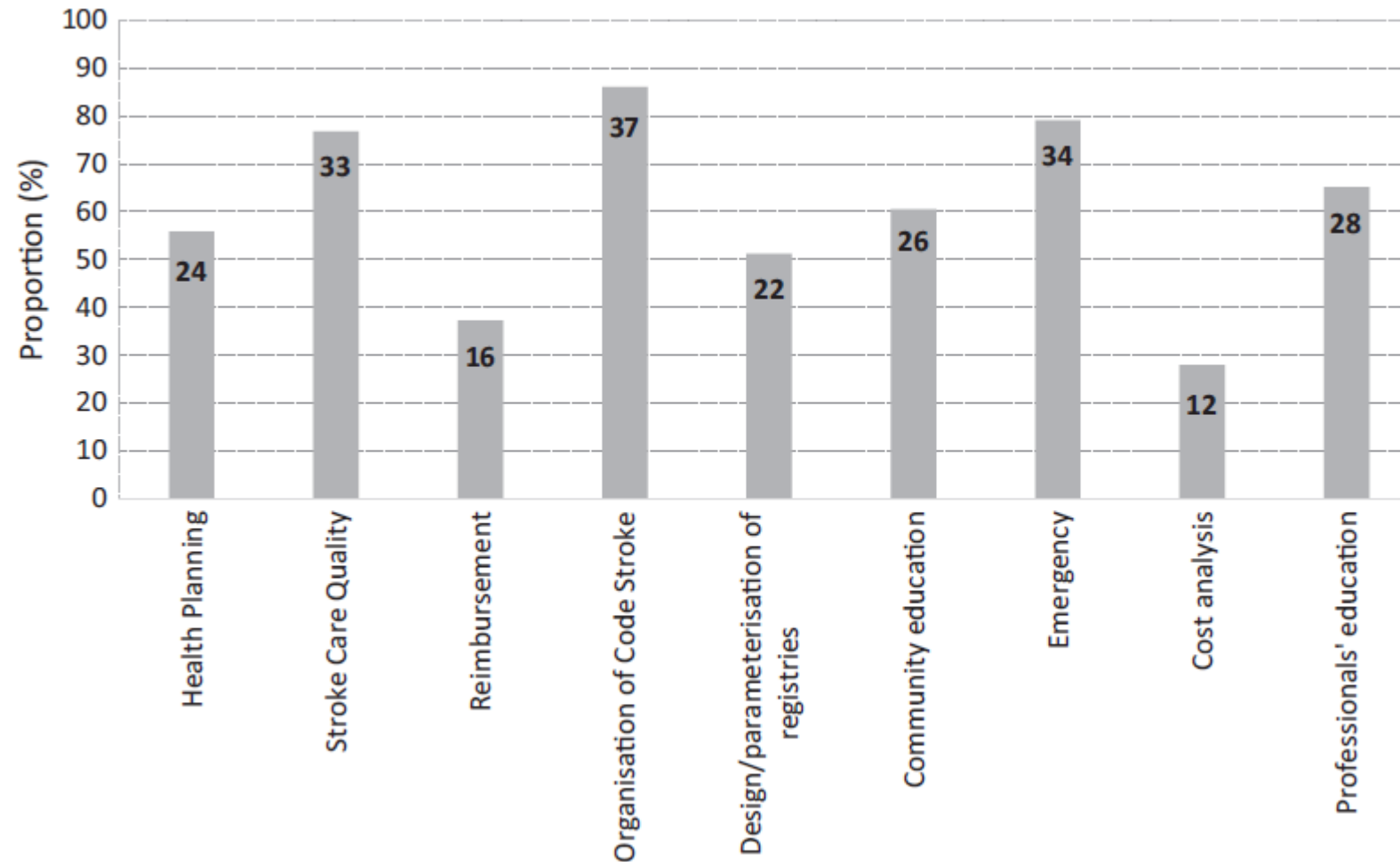
Participating countries: 44

Who will benefit?

ESO ESMINT EAN SAFE survey on stroke care in Europe
Total number of stroke units per Mio inhabitants

Stroke Units :
2222

Mean:
2.9

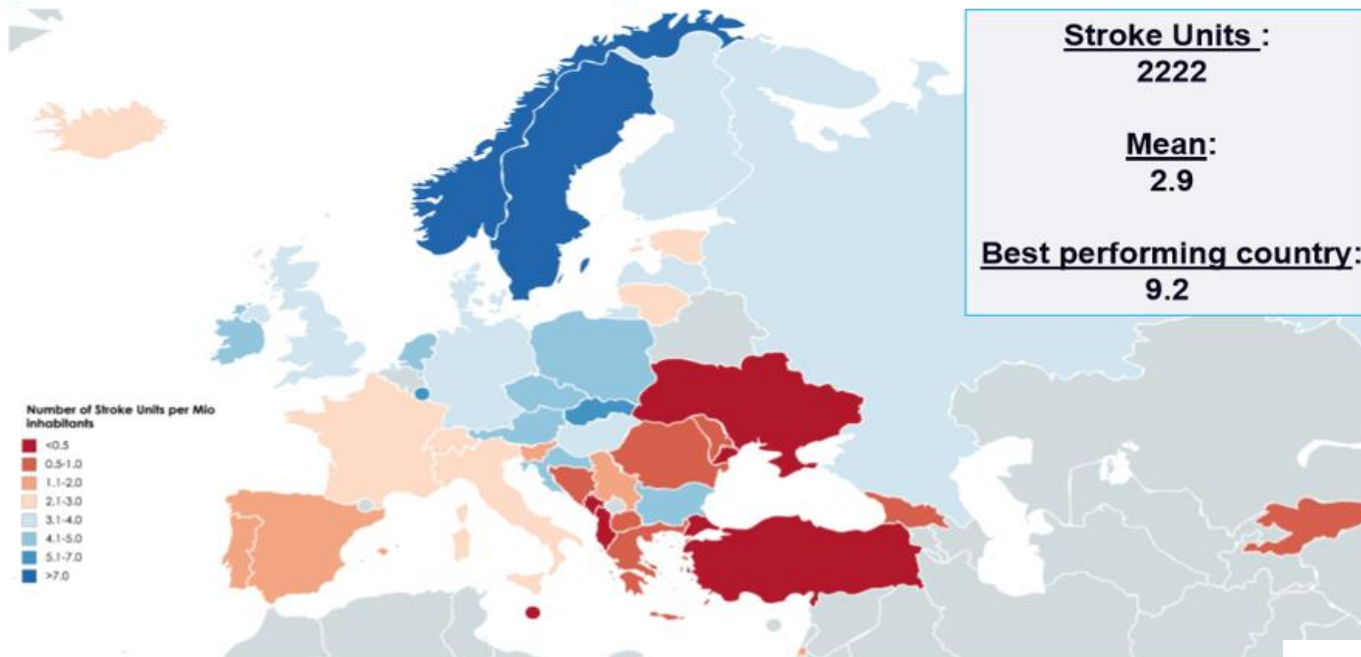Best performing country:
9.2

Number of Stroke Units per Mio inhabitants
- <0.5
- 0.5-1.0
- 1.1-2.0
- 2.1-3.0
- 3.1-4.0
- 4.1-5.0
- 5.1-7.0
- >7.0

Medicine is a never ending l**earning** story

but for sure,

the highest impact will be in countries with less developed stroke networks

Diana Aguiar de Sousa*, Rascha von Martial*, Sònia Abilleira, Thomas Gattinger, Adam Kobayashi, Miquel Gallofré, Franz Fazekas, Istvan Szikora, Valeria Caso, Urs Fischer

How should a stroke unit/ stroke center be organised?

European Stroke Organisation Recommendations to Establish a Stroke Unit and Stroke Center

E. Bernd Ringelstein, MD; Angel Chamorro, MD; Markku Kaste, MD; Peter Langhorne, MD;
Didier Leys, MD; Philippe Lyrer, MD; Vincent Thijs, MD; Lars Thomassen, MD;
Danilo Toni, MD; for the ESO Stroke Unit Certification Committee

	ESO Stroke Unit
SU assessment	Early rehabilitation assessment**
	Food and fluid management
	Speech therapy start <2 days
	Physiotherapy start <2 days
	Dysphagia management (swallowing screened on admission)
	Physiological management
	Early mobilization
	Skilled stroke nursing
SU multiprofessional team care	Coordinated multiprofessional stroke unit care (care in a discrete area in the hospital, staffed by a specialist stroke multiprofessional team with regular multiprofessional meetings for planning care)
	Early discharge planning
Interventions: other	Access to surgery for aneurysms
	Access to carotid surgery

Who will benefit? The Physicians

Roadmap to delivering quality stroke care

World Stroke Organization

- Introduction and overview
- Stroke system development
- Pre-hospital and emergency stroke care
- Acute inpatient stroke care
- Secondary stroke prevention
- Stroke rehabilitation
- Community reintegration and long term recovery
- Appendix 1 - steps to adapting WSO global stroke care guideline for local use
- Appendix 2- core acute stroke case definitions
- Appendix 3 - stroke best practices summary of reference guidelines (including additional international guidelines)

available in 8 languages including Chinese, Portuguese, Russian, Spanish, Vietnamese, Persian, Arabic and Turkish

Acute Stroke Case Identification Codes, Update 2016*

Stroke Related Investigations or Procedures	Intervention Code Title Description	Intervention Code (v2015) (for ICD10)
Alteplase (tPA) Administration		
Alteplase (tPA) Administration - Intravenous	Pharmacotherapy, total body, percutaneous approach [intramuscular, intravenous, subcutaneous, intradermal], using thrombolytic agent.	1.ZZ.35.HA.1C
Alteplase (tPA) Administration - Intra-arterial	Pharmacotherapy (local), intracranial vessels percutaneous injection approach using thrombolytic agent	1.JW.35.HA.1C

The following subset of investigations and procedures should be consistently applied for acute stroke patients undergoing acute endovascular procedures for large vessel occlusions. Significant coding variations have been found for this relatively new procedure. If your organization provides acute endovascular procedures for large vessel occlusions, you should develop a policy or best practice protocol for consistent coding of all procedures using the most appropriate code among those provided below.

Angels initiative

ESO
EUROPEAN STROKE ORGANISATION

World Stroke
Organization

000,047,580

REGISTERED USERS

002,292,075

PATIENTS TREATED IN REGISTERED HOSPITALS

PER YEAR

Who will benefit? The Physicians

Angels Academy (endorsed by **ESO**) https://www.angels-initiative.com/angels-academy

- **Refine your skills**

PATIENT

EMERGENCY SERVICES

HYPERACUTE

CT IMAGING

DECISION MAKING
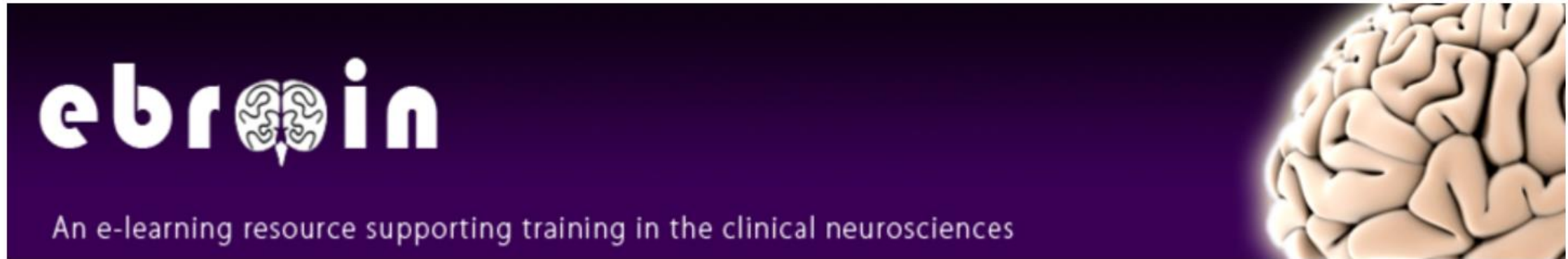
POST ACUTE

- **Stroke units and stroke care** (how to organize the stroke care supply chain and setup a stroke unit)

EAN resources

ebr🧠in

An e-learning resource supporting training in the clinical neurosciences

Access to ebrain

You must be an EAN member to access ebrain, if you are an EAN member please log in.

The e- learning resources cover the ischemic and hemorrhagic stroke

The guidelines

- More or less all the countries have national guidelines
- Usually these are adapted from international guidelines, ESO or AHA
- We welcome ESO guidelines for acute ischemic stroke

Who will benefit ? The Nurses

Stroke Training and Awareness Resources (STARs)

Core Competencies / 1: Causes of stroke / Knowledge, skills and benefits

Knowledge, skills and benefits

Knowledge

Stroke is due to an interruption of the blood flow to part of the brain; effects will depend upon the part of the brain affected and the amount of damage.

Skills

To explain this to an individual or a relative in simple language.

Benefits to the individual

Individuals and their families will receive an accurate and consistent explanation of their condition.

1: Causes of stroke

Knowledge, skills and benefits

Background

What is a stroke?

Common symptoms of a stroke

What is a TIA?

Nurses

https://www.angels-initiative.com/angels-academy

Self study course
20 modules and associated tests covering all aspects of stroke patient care
QUASC initiative
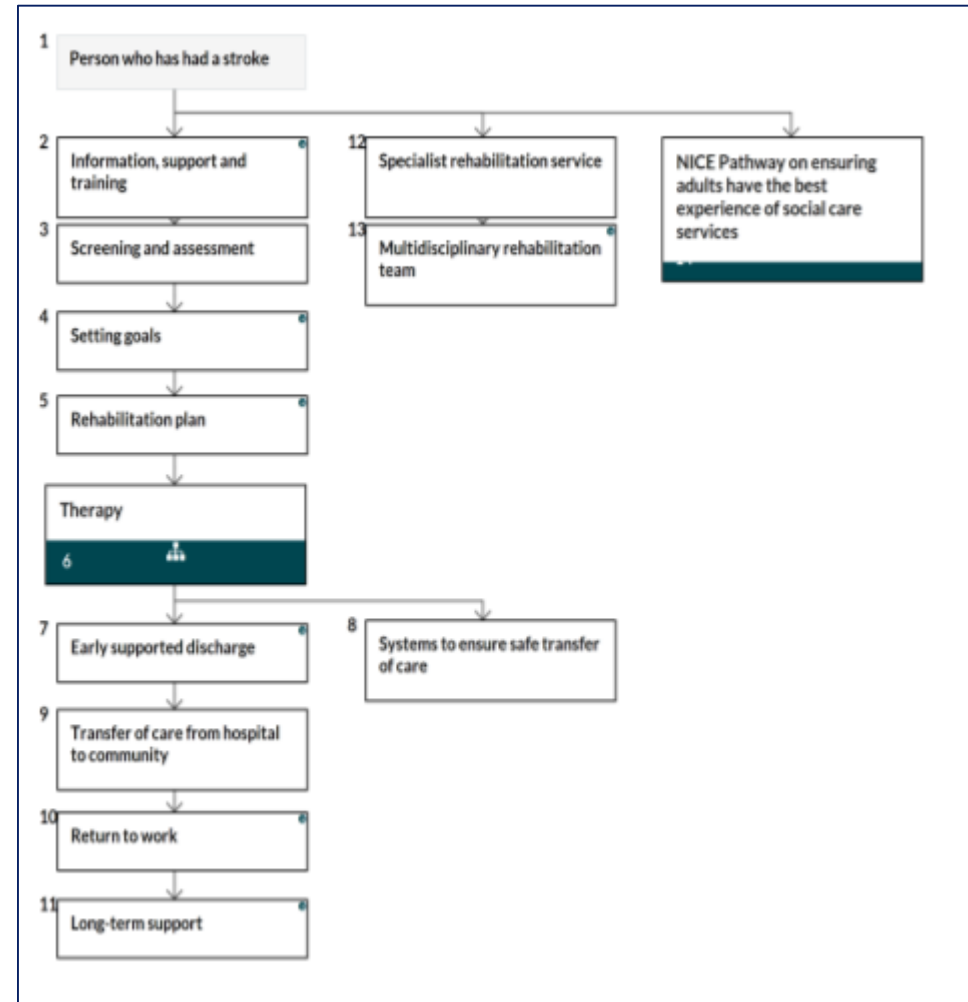
Stroke rehabilitation

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/stroke
NICE Pathway last updated: 05 February 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

https://pathways.nice.org.uk/pathways/stroke

5 Rehabilitation plan

Provide information and support to enable the person with stroke and their family or carer (as appropriate) to actively participate in the development of their stroke rehabilitation plan.

Stroke rehabilitation plans should be reviewed regularly by the multidisciplinary team. Time these reviews according to the stage of rehabilitation and the person's needs.

Documentation about the person's stroke rehabilitation should be individualised, and should include the following information as a minimum:

- basic demographics, including contact details and next of kin
- diagnosis and relevant medical information
- list of current medications, including allergies
- standardised screening assessments (see screening and assessment [See page 4])
- the person's rehabilitation goals
- multidisciplinary progress notes
- a key contact from the stroke rehabilitation team (including their contact details) to coordinate the person's health and social care needs
- discharge planning information (including accommodation needs, aids and adaptations)
- joint health and social care plans, if developed
- follow-up appointments.

Stroke Support Organisations/ Patients and carers

STROKE ACTION PLAN EUROPE 2018-2030
ESO   SAFE

SSO Toolkit

18 Nov 2019 | Stroke support

Stroke Support Organisations (SSOs) have a key role in supporting stroke survivors in the community.

World Stroke Organization

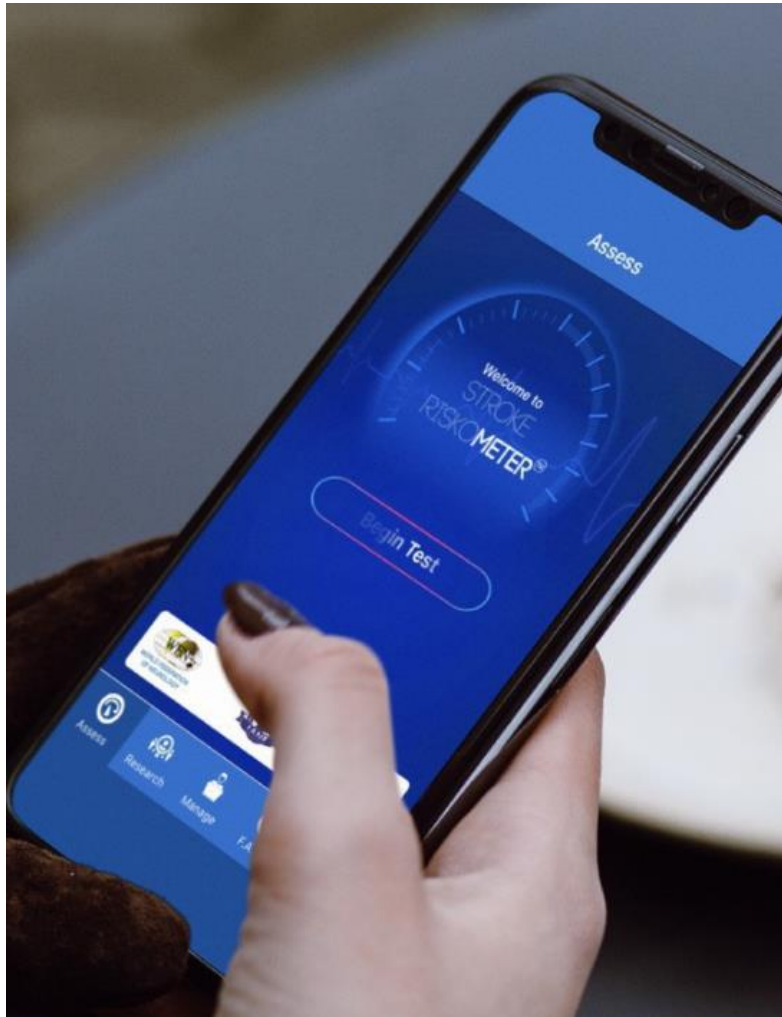## We have divided the toolkit into 2 main parts:

1. **To help you start an SSO** – this is section 6

2. **To help you grow an SSO** – this is section 7

Our research suggests that successful SSOs have the following characteristics:

- One person or a few people with enthusiasm and determination;
- An ability to engage with large numbers of people;
- Understanding that the desire to change the world of stroke will be achieved by focusing initially on doing a small number of things well;
- And as we can see from the research and key facts in section 3 - money, money, money.

https://www.world-stroke.org/publications-and-resources/resources

https://www.strokeriskometer.com

KNOW YOUR RISK

Stroke riskometer

The Stroke Riskometer is a World Stroke Organization endorsed mobile app that helps you to understand your stroke risk and will help you to identify the changes you can make to reduce your risk. Once you have done your assessment, share your results with four friends and access all the premier features of the app for free.

Find out more >

https://academy.ssoft.info/

SSOFT

Stroke Support Organisation Faculty Tool
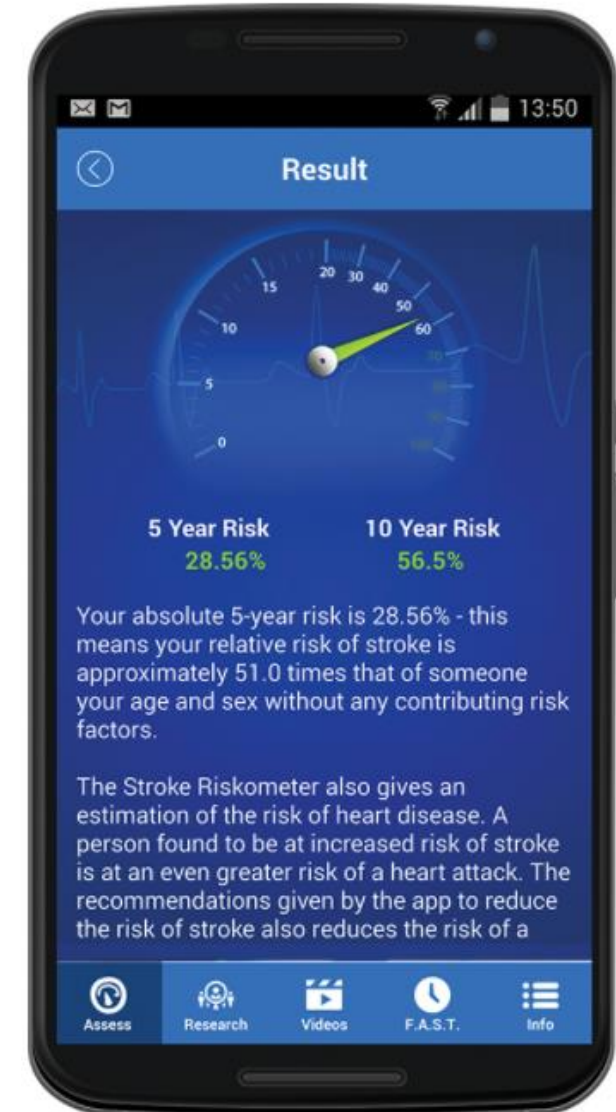
Module 1: Stroke Support Organisations (SSOs)

What SSOs do and how you can set up and grow your own support group.

Open module

Module 2: Making change happen

What advocacy means; who makes decisions and how to develop a strategy.

Open module

Module 3: Use of Evidence

Understanding different types of evidence; how to collate it and use it to your advantage.

Open module

Module 4: Role of the Patient Voice

What rights patients have and how their voice can be used ethically to support your cause.

Open module

Module 5: Health System Advocacy

Exploring your own health and care system and how it can be used to make change happen.

Open module

Module 6: Public Advocacy

How to use different public-facing media to support your objectives.

Open module

SSOFT is an innovative online e-Learning advocacy tool being developed by Stroke Alliance for Europe (SAFE), in partnership with the European Stroke Organisation (ESO)

Interactive training followed by self testing. Free access

Download Module 5 workbook

Take the Module 5 test

Then claim your certificate

To be continued..

- This an open list

- It includes resources that were not presented

- You are all invited to contribute to this list

- National coordinators should advertise the list

- The most valuable resources should be translated in local languages, in order to increase the access of medical personnel, patients and carers to information